Chronic Disease Prevention and Local Public Health Departments in California: Roles, Needs and Recommendations

POSITION STATEMENT

February 7, 2007

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This Position Statement describes:

- Background about Chronic Disease Prevention
- Roles of Local Public Health Departments (LPHDs) in doing Chronic Disease Prevention
- The Capacities LPHDs must have to carryout these Roles effectively
- The Needs that must be met to develop these Capacities
- Recommendations for CCLHO to meet these Needs

Chronic Disease Prevention Background

At the beginning of the 21st century, chronic disease poses a profound threat to public health. It is important that Local Public Health Departments in California help combat this threat. This paper describes the capacities and support they need to do this work as well as recommendations on how to obtain this support. Heart disease, cancer, stroke and chronic lung disease cause over two-thirds of all deaths in the United States. Los Angeles County has documented that 80% of preventable disability and death is associated with chronic disease. The expected rise in California's population over age 65 will significantly increase the chronic disease burden. From 2000 to 2020, this population is expected to increase by 70%. Many people over 65 have some level of disability; arthritis is the most common cause of this disability. There has been a precipitous increase in asthma rates starting in the 1980s, and a striking rise in rates of obesity and diabetes in the last two decades. If current trends continue unabated, it is projected that babies born in the year 2000 will have a 1 in 3 chance of developing diabetes during their lifetimes, with the odds being closer to 1 in 2 for African Americans and Latinos.

The burden of chronic disease is not spread uniformly across California's increasingly multi-ethnic population. Diabetes and obesity rates, for example, are higher among African Americans, Latinos and Native Americans, asthma rates are higher among African Americans and Native Americans, and arthritis rates are highest among African Americans. More generally, low-income populations lead less healthy, shorter lives than their more affluent counterparts, attributable in part to higher rates of chronic disease. Health disparities are an important part of the threat of chronic disease. Therefore, it is critical to develop effective, comprehensive prevention strategies to combat the threat of chronic disease.

There is, however, reason for optimism. Tobacco use has been a major cause of chronic disease and California has set the standard for the nation, if not the world, in tobacco control. Since 1988, when California voters approved a $.25 tax on cigarettes by passing Proposition 99, the state launched an aggressive campaign that challenged the tobacco industry's advertising and marketing practices, established smoke-free

workplaces and made it more difficult for minors to purchase tobacco products. This has resulted in a one-third reduction in smoking rates to the current historic low of 14%. Moreover, California's aggressive campaign has paid off with a reduction in cancer rates by 12% during that same period as compared to the U.S. reduction of only 2% with similar reductions in cardiovascular disease deaths, and we are only beginning to see the long-term benefits of reduced smoking.

Besides tobacco, the other two major preventable causes of chronic disease are the behaviors of unhealthy eating and lack of physical activity. These are the primary causes of the increases in obesity and diabetes. The Governor's Obesity Summit, legislation restricting the sales of junk food and sodas in schools, more recently, the Governor's Obesity Prevention Plan and the work of non-profit groups such as the Strategic Alliance and the California Center for Public Health Advocacy are all encouraging signs that California is committed to addressing the two other major preventable causes of chronic disease.

The societal and "built" environments where we live, work, play and go to school must be addressed in order to support changes in unhealthy eating and physical inactivity. (Particular attention needs to be paid to the conditions in low income neighborhoods and schools to address the disparities in chronic illness.) A "campaign" to increase healthy eating and physical activity needs to increase: walkable and bikable neighborhoods; transportation and land use zoning policies that promote mixed use neighborhoods and public transit that give people opportunities for more physical activity during their daily business; full service grocery stores in all neighborhoods; parks and recreation programs that provide alternatives to sedentary entertainment (in front of a screen); healthy food and physical activity opportunities at worksites and schools; and production and promotion of healthier foods by the agricultural, food advertising and food retail and service industries. Changes in financial incentives for growing and manufacturing large amounts of sweeteners, refined grain and high fat products will require the public and their elected officials to demand fundamental economic changes at a national level.

Public Health Department Roles

Public health departments, as the public institutions with a mission to protect and promote the health of the population, are essential to any statewide campaign or initiatives to combat chronic disease. After the passage of Proposition 99, for example, the State Department of Health Services (DHS) took the lead in tobacco control initiatives, while Local Public Health Departments (LPHDs) were established as Local Lead Agencies to organize anti-tobacco coalitions, fund community organizations and engage in policy change at the local level. The Local Public Health Departments developed certain capacities and had support to do this work. State DHS and LPHDs need to take leadership roles to increase opportunities for healthy eating and physical activity so that "Healthy Choices are Easy Choices".

The term “Local Public Health Departments” is used although this type organization goes by different names throughout California. “Local” refers to a County or City jurisdiction.

In addition, public health should work to improve screening for chronic disease risk factors such as hypertension, high cholesterol, elevated blood sugar and overweight/obesity and for early stages of chronic disease. If risk factors or disease are found early and addressed, complications from serious chronic disease can often be prevented. In collaboration with those delivering and paying for screenings and follow-up care, public health should assess the availability and quality of screening and care including patient self-management (which is considered a cornerstone of care). When problems are identified, public health should facilitate the development of solutions including community-based, cross-health care systems solutions. Public health has done this type work for communicable diseases (such as tuberculosis, HIV and Sexually Transmitted Diseases) and for preventive screening and care for pregnant women and children.

If Local Public Health Departments are to meet these challenges (in partnership with the State Department of Health Services and many others), they must strengthen their capacities to prevent chronic disease. How these capacities would be met by different LPHDs would vary because of the wide variety of sizes and operations of California’s LPHDs. The remainder of this paper describes the capacities and support related to them that Local Public Health Departments will need in order to engage in effective chronic disease prevention. Recommendations are then described on how to meet these needs.

Local Public Health Department Capacities for Effective Chronic Disease Prevention

These are the capacities LPHDs need to have in order to do effective chronic disease prevention.

1) **Data Monitoring and Community Health Assessments**
   - Enhance and standardize surveillance for local chronic disease related data
   - Analyze data and other types of information (e.g., how people view the issue, what resources or environmental conditions exist, etc.).
   - Carry out community health needs and asset assessments.

2) **Convening and Partnership Development**
   - Establish partnerships and maintain alliances with all sectors that need to be part of the solutions. These include health care providers, plans, systems and professional associations, schools, preschools, community-based organizations, faith organizations, youth programs, employers in general and, specifically, food service and agricultural businesses, civic groups, and government land use and transportation planning, park and recreation and public safety departments.

- Engage and support those working with those with disparities and inequities such as certain racial-ethnic and low-income groups to make sure they are empowered to carry out local planning and community-specific solutions.

3) Leadership and Coordination

- Lead the process to develop, implement and/or coordinate actions in local community plans.
- Ensure the local planning processes are coordinated with and informed by the work being done by the State and federal governments and other State and federal level partners.
- Help obtain funding to enact plans.

4) Promotion of Multi-Sector Changes

- Educate the community about obesity prevention including needed policy and environmental change and support participation by multiple sectors in promoting these needed changes.
- Provide technical assistance to a wide range of community-based organizations and groups so they can disseminate information in their communities and motivate action.
- Develop partnerships with the media, including ethnic and alternative media, so they will inform the public and improve messages and images that contribute to unhealthy behaviors.

5) Evaluation

- Lead efforts to ensure solutions are evaluated.
- Carry out evaluation training for those doing the solutions.
- At the community level, determine whether the chronic disease problems have improved.

Needs for Developing Capacities

The following describes the needs that must be met to develop these capacities in LPHDs.

Financing

The most fundamental need for development of these capacities is funding. Most Local Public Health Departments have very little chronic disease prevention funding or infrastructure. There are limited funds for tobacco control (which are diminishing), federal nutrition education funds that have a very narrow focus and some special grants for specific diseases, e.g., asthma. The categorical funds need to be flexible enough to help build a foundation for comprehensive prevention services for all the major chronic diseases and risk factors. In addition, broader funding for building this foundation is needed.

State Department of Health Services Leadership and Assistance
The State Department of Health Services (DHS) needs to lead the development of these capacities and related skills in LPHDs across California, ensure activities are coordinated so that they are not only effective, but efficient, and in smaller communities partner to provide direct services, if appropriate. Also, it should ensure that LPHD activities are coordinated with efforts of Statewide organizations and institutions and other relevant State governmental operations. State DHS does not have flexible funding to adequately do this work currently. (The term State DHS is used, but in July 2007 this will change to the State Department of Public Health.)

Workforce
Many different types of specialized workers in LPHDs are needed to do this work: public health physicians and nurses, community health promotion specialists (health educators), Registered Dietitians, epidemiologists; and community health workers. Many of them will need to expand their scope of practice to develop new skills such as assessment of the "built environment."

Data
Public health workers both in government and in the community rely on data to establish evidence to describe problems and progress, to set priorities for work and to develop appropriate prevention strategies. Current LPHD data capacity is built around communicable disease epidemiology; epidemiologic skills for chronic disease are needed.

Also, data sources for chronic disease are limited. Existing and possible data sources need to be evaluated, made accessible and/or developed. Chronic diseases are not among the "Reportable Diseases" in California and the only population-wide chronic disease registry is for cancer. There is some information for large population groups available from surveys such as the California Health Interview Survey and the Behavioral Risk Factor Surveillance Survey. They need increased financial support to provide key chronic disease data and to do so at the sub-County level. Some health care systems have internal registries to track their chronic disease patients and are developing electronic medical records. However, this information is generally not available to LPHDs. (Public Health access would be done in a confidential and secure manner.) Also, capacities to obtain both quantitative and qualitative data from special sub-populations and communities are needed.

A robust chronic disease data capacity should monitor and describe not only mortality and hospitalizations from chronic diseases but also morbidity, risk factors, utilization of medical screening and follow-up, and indicators of neighborhood and environmental conditions and policies and their impact on the health of the community. Tools such as GIS mapping are needed to profile local chronic disease and related conditions and environments.

Recommendations to Meet Needs

CCLHO* should:

General

- Use this Position Statement to educate partners about the importance of Local Public Health Departments' (LPHDs) capacities in the overall societal efforts to prevent chronic disease and elicit support from them.
- Particularly enlist support of CHEAC and of each County or City Government managing a LPHD.
- As capacities are staffed, lead or participate in actions to define and support the needs of all partners that must collaborate to optimize prevention of chronic disease in California.

Financing

- Support the Governor's proposal for $300 million for prevention and wellness in his Health Care Proposal. In addition, recommend that a portion of these funds be dedicated to meet the needs of LPHDs to develop capacities for prevention of chronic diseases.
- In collaboration with partners, including the National Association of County and City Health Officials (NACCHO), advocate for funding Local Public Health Departments' capacities with California legislators and federal congressional representatives. This may include development of new funding sources or redirection of existing funds.
- Also, advocate for flexibility of chronic disease prevention funding (while maintaining accountability) in order to build the foundation of capacities in LPHDs that supports them to effectively address all components of chronic disease prevention and not just specific aspects of prevention of certain diseases.

Workforce

- Participate in or establish, with educational institutions and other relevant organizations, a group to analyze the educational and training needs of a public health workforce for chronic disease prevention, assess the existing programs and institutions and work to address the needs. This should be focused on California needs and work in coordination with national efforts.
- Advocate that a survey be done to compile LPHD strategies that have aligned the workforce toward chronic disease prevention; these include changes in assignments and titles of current employees and recruitment of employees with relevant backgrounds.

* This includes its affiliate organizations and the member Health Officers working through their local government structures and with community partners.

Data

- Participate in the State Department of Health Services program to improve chronic disease data sources and information technology systems (the Robert Woods Johnson funded "Common Ground"), its Data Policy Advisory Committee and with other relevant efforts.

- Engage in the planning for the Governor's Health Executive Information Technology Order and his Health Care Proposal that both address automation of health care services. Ensure the usability of the automated information by government public health, while respecting all rights of privacy and assuring security.

Conclusion

Changes to meet the chronic disease challenges will take enormous efforts and must begin immediately. Public Health Departments at all levels have important roles as catalysts for the changes that need to take place in all sectors of society. Despite a compelling need, without specific funding, Local Public Health Departments will not be able to make chronic disease prevention a priority. Not only is the health of today's adults and children in jeopardy, but that of future generations.